



State of Montana
 Department of Environmental Quality
 Waste and Underground Tank Management Bureau
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 Helena, MT 59620-0901
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 E-mail: ustprogram@state.mt.us

FOR DEPARTMENT USE ONLY	
\$ Rcvd	_____
License #	_____
Type	_____
_____ Approved	_____ Denied
Date	_____

APPLICATION FOR UNDERGROUND STORAGE TANK INSTALLER/REMOVER, REMOVER, CORROSION PROTECTION INSTALLER, EXTERNAL LEAK DETECTION INSTALLER OR LINER LICENSE

My application is for a license to conduct underground storage tank (please check only one license type):

- ☐ Installations, Repairs, Modifications, and Closures
- ☐ Closures only
- ☐ Corrosion Protection Installation only
- ☐ External Leak Detection Installation only
- ☐ Lining Installation only

PLEASE TYPE OR PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE
COMPANY NAME	ADDRESS	
CITY	STATE	ZIP
WORK PHONE	CELL OR MOBILE PHONE	E-MAIL ADDRESS
SOCIAL SECURITY NUMBER		BIRTH DATE
HOME ADDRESS AND PHONE NUMBER (OPTIONAL)		

LIST CURRENT AND PAST EMPLOYERS WITH WHOM YOU PERFORMED UST INSTALLATIONS, CLOSURES, OR OTHER UST WORK.

NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP	DATE EMPLOYED

HAVE YOU WORKED UNDER A LICENSED TANK INSTALLER OR REMOVER? ☐ YES ☐ NO

IF YES, COMPLETE THE FOLLOWING:

UST LICENSEE'S NAME		ADDRESS, CITY, STATE, ZIP		PHONE
WORK PERIOD	FROM:		TO:	

LIST OTHER PROFESSIONAL REGISTRATIONS AND LICENSES THAT YOU HOLD (PLUMBER, ELECTRICIAN, SPECIALIZED EQUIPMENT INSTALLER, ETC). MAY INCLUDE OUT-OF-STATE LICENSES ALSO.

TYPE OF LICENSE	LICENSE NUMBER	ISSUING AGENCY OR COMPANY	STATE	DATE ISSUED

HAVE ANY OF THE ABOVE LICENSES OR REGISTRATIONS EVER BEEN SUSPENDED OR REVOKED? ☐ No ☐ Yes

IF YES, PLEASE EXPLAIN: _____

LIST ANY TRAINING SEMINARS, SCHOOLS OR COURSES THAT YOU HAVE ATTENDED CONCERNING UST INSTALLATIONS, CLOSURES, OR OTHER WORK:

TITLE	PRESENTED BY	DATE(S)

LIST AT LEAST 3 PEOPLE WHO ARE FAMILIAR WITH YOUR UST WORK FROM THE LAST THREE YEARS, AND WHOM YOU CAN ASK TO COMPLETE THE REFERENCE FORMS PROVIDED WITH THIS APPLICATION.

FOR INSTALLER/REMOVER LICENSES, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN AT LEAST THREE UST SYSTEM INSTALLATIONS AND TWO CLOSURES. FOR REMOVER ONLY LICENSES, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN AT LEAST 3 CLOSURES. FOR CP INSTALLERS, EXTERNAL LEAK DETECTION INSTALLERS, AND LINING INSTALLERS, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN AT LEAST 2 INSTALLATIONS PERTAINING TO THE LICENSE TYPE.

NAME	TELEPHONE NUMBER	PERMIT NUMBER

IN NARRATIVE FORMAT, BRIEFLY DESCRIBE THE TYPE OF UNDERGROUND STORAGE TANK WORK YOU CONDUCT. USE A SEPARATE SHEET OF PAPER IF NEEDED. (FOR EXAMPLE, DO YOU OPERATE EXCAVATION EQUIPMENT, DO PIPE INSTALLATIONS, CLOSE AND REMOVE TANKS, CONDUCT SITE ASSESSMENTS, ETC.)

[illegible]

PLEASE LIST THE TOTAL NUMBER YEARS OF EXPERIENCE WITH UST WORK:

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PLEASE INDICATE BELOW ANY INSTALLATIONS (I), CLOSURES (C), OR OTHER (O), YOU HAVE BEEN INVOLVED IN.
PLEASE SPECIFY OTHER TYPES OF INSTALLATION SUCH AS "CP ONLY" OR "INSTALLED WELLS FOR TANK OR PIPING."

SYSTEM/TANK INSTALLATIONS		SUPERVISED			PARTICIPATED IN		
		I	C	O	I	C	O
STEEL USTs WITH CATHODIC PROTECTION							
FIBERGLASS (FRP) USTs							
CLAD USTs (STEEL CLAD WITH NON-CORROSIVE OUTER)							
DUAL CONTAINMENT USTs							
OTHER (SPECIFY)							
	TOTALS						
PIPING INSTALLATIONS		I	C	O	I	C	O
DUAL WALL FLEXIBLE PLASTIC PIPING							
DUAL WALL FIBERGLASS PIPING (FRP)							
SINGLE WALL FRP OR FLEXIBLE PIPING							
CATHODICALLY PROTECTED STEEL							
OTHER (SPECIFY)							
	TOTALS						

I UNDERSTAND THAT I MAY BE REQUIRED TO SUPPLY ADDITIONAL DATA IF REQUESTED BY THE ENVIRONMENTAL SERVICES SECTION.

INITIALS

I PLAN TO TAKE THE EXAMINATION AT _____ ON _____.
TOWN DEQ TEST DATE

TOWN

DEQ TEST DATE

A non-refundable license fee of \$100 must be submitted with this application.
Make check payable to the Montana Department of Environmental Quality.

The information in this application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT:

DATE:

NOTARY SECTION

State of _____

County of _____

Subscribed and sworn to before me this _____

day of _____, this year _____

Notary: _____

My commission expires: _____
